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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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	Page
Preventable Blindness—A Costly National Extravagance	389
To Finland. International Nurses' Conference, 1925	391
Miss Elizabeth Robinson Scovil	393
Letters to the Editor	396
The World's Pulse	399
Public Health Nursing Department—	
The Underlying Causes of Mental Diseases and The Nursing	401
Public Health Nursing in Finland	407
The Saskatchewan Red Cross Nursing Service. The Outposts	408
Communicable or Contageous Diseases	411
Health Teaching in the Home, Infant Hygiene and Pre-School Work	413
Canadian Army Medical Nursing Service Department—	
Victoria Overseas Nurses Gather at Luncheon	417
Pupil Nurses' Department—	
A Nutrition Clinic at the Montreal General Hospital	419
Hospitals and Nurses	421

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Preventable Blindness—A Costly National Extravagance

Advocating provincial regulations throughout Canada to make prophylactic treatment of the eyes of all newly-born infants compulsory by attending physicians, Miss Hayhurst, Prevention of Blindness and Social Secretary of the Canadian Institute for the Blind, has presented somewhat startling facts and figures in a report which she has prepared for a special committee dealing with the problems of blindness in Canada.

"One-half of the blindness in Canada, as in the world generally, is due to preventable causes," the report states. Blindness is almost always the result of abnormal, wrong conditions, ignorance, disease, dirt, illness, accident, shock, crime; therefore it is, in the main, as preventable as other

plagues such as smallpox, typhoid, venereal diseases or tuberculosis. It should be, and often can be prevented. Think of the ravages of smallpox in older days. We have almost conquered typhoid, we are bravely tackling tuberculosis and the venereal diseases. We hope to record similar progress when they speak of preventable blindness. The old fatalism which regarded such afflictions as the Divine Will, and made no effort to discover causes or to apply remedies, must go. This is the age of prevention. Let us then consider some of the facts regarding blindness and act on them.

Quoting from figures collected in Ontario, New Brunswick, Nova Scotia and Prince Edward Island, Miss Hayhurst says: "In these provinces there are 189 cases of needless blindness from ophthalmia of the newly-born alone. This represents about 14 per cent. of all cases of recorded blindness in these provinces, and it is believed that this ratio applies to all the other provinces in Canada.

Quotations are made from Stokes of the Mayo Clinic, who states that one-third of all cases of blindness in institutions for the blind in the United States, and one-half of the "born blind," are due to gonorrhœa of the eye, that is, are a direct result of venereal disease in the mother, which is itself a highly infective but preventive social plague.

Mention is made of a paper on Ophthalmia Neonatorum by Dr. Digby Wheeler, of Winnipeg, which appeared in a recent issue of *Social Health*, the official organ of the Canadian Social Hygiene Council, an organization which is vigorously backing up the demand for provincial regulations for prevention of blindness. Dr. Wheeler describes the Credè method of disinfection of the eyes of the newly-born, and advocates its compulsory use at every childbirth. He states that one out of every hundred children born in London, England, suffer from Ophthalmia Neonatorum, while out of every 2,000 of the population one has its sight seriously impaired or destroyed by it. He also marshals figures to show that in the Pennsylvania Institute for the Blind at Overbrook, in a period of 30 years, this disease accounted for 267 cases of blindness out of a total of 1,020, or 26 per cent.

Other facts in the report are that in the United States it is estimated there are at least 20,000 cases of blindness from this cause. It has been on these figures that there has been based a nation-wide agitation for effective state regulation for the prevention of blindness in the newly-born. In most of the States of the Union, the report shows, these regulations now exist. Are they worth while? The answer is a decided yes. Denmark has had not only compulsory notification of O. N. but treatment to the eyes of all new-born children for 20 years, and to-day has no cases of blindness from this cause.

Chicago, through a live Prevention of Blindness Commission, had legislation passed in 1915, and, as co-operation and enforcement has grown more widespread, results have correspondingly improved, so that last year,

through a total of 331 cases of Ophthalmia Neonatorum reported, not one infant suffered blindness.

The regulation asked for by the Canadian Committee and Social Hygiene Council provides that on every birth certificate there should be the queries, "Has a prophylactic for O. N. been used? If so, what?" These must be answered by the physician in charge, and it is felt that this will provide not only an effective reminder of the importance of this treatment, but a check on whether the preventive has been used or not.

"Canada must wake up," concludes the report. "This is only one of the preventable causes of blindness, but why not begin on it? Though we cannot immediately eradicate deadly veneral diseases, we can prevent this form of ophthalmia. Education, intelligent action, prevention, saving, must be our slogan. It takes but two minutes to administer the prophylactic to the eyes of a new born child and costs but a few cents, yet it may save a lifetime of darkness and a cost to the country of many thousands of dollars.

The average cost per head to the Canadian Government to educate and keep an afflicted child in our schools for the Blind is from $500 to $600 per annum over a period of not less than ten years. At the end of that time you have still only a partially self-supporting citizen, as the State must heavily subsidize any training schools or work shops which keep them employed. If such places manage to pay for raw material and wages, it is about all we can expect. The overhead expenses remain a public charge. As Helen Keller says, 'If a tithe of the money we spend now to support unnecessary blindness were spent to prevent it the country would be much the gainer'."

To Finland.

International Nurses' Conference in 1925

Occasionally Finland and the North Pole are mentioned together in America. But as we in Finland hope to have a large number of American nurses visit us, we are very anxious to remove the idea of ice and polar regions from their minds.

In 1925 the new and old world's nurses meet together in Finland, and we are living in hopes that all the American nurses want to come to us.

Finland is called the land of the midnight sun and the land of a thousand lakes.

The flag of Finland is a blue cross on a white ground, suggesting northern bright blue sky and the snow-white covered fields. The cross is the symbol of the great revolution and its resulting freedom to Finland.

The summer in Finland is very short but bright. It is as if nature had wanted to fill this short period with its most cherished treasures. June 27th is the first night when the sun does not set.

There are no shadows, only continual, mysterious brightness.

The fragrance of the many flowers fills the air. It seems as if, in that short period of their duration, they wished to give their utmost. This night is celebrated by the Finnish people. All over the country they build enormous bon-fires, the flames reaching heavenward as an offering to the Great Ruler of nature. Thus worshipped our forefathers. The people dress in national costumes, singing, dancing and playing throughout the long night. For weeks the sun does not set. The season is one of continual, clear, light nights. The air is warm, temperature rising as high as 108F. in the sun.

The area of Finland is larger than England, although the population is only one-half of New York City. The people are interesting, hospitable and cordial. We, as Nordic people, are very slow to make friends, but the friendship once formed is lasting.

Finnish mythology says: Music is made of sorrow. We must admit that in everything there rings a tune of melancholy. This is easily understood after one knows the conditions in which we have lived. Life has been a continual struggle for existence against frost and cold, which has drawn us close to nature.

Finland has suffered a great deal by continual wars. Sweden and Russia have continuously fought for her possession. Through all their struggles the Finnish people have stubbornly clung to: *Swedes we are not, we will never become Russians, we shall remain Finns.* In the midst of poverty and depression the seed of freedom has taken root. Mothers sang songs of freedom to their children while enemies were on the way threshold. Throughout all the ages no sacrifice has been felt to be too great.

In 1917 Finland declared herself a Republic. In 1918 the price of freedom had to be paid with blood. Again the clash of swords was heard and the white snow fields were again colored with blood. But now it became a question of a free nation, and gladly we gave everything with that in view. Thus has been our nation's struggle.

Now, as a young Republic where through the ages the fire of culture has been burning intensively and protectively, Finland stands erect, her face to the sun, a nation among other nations.

Would you like to know these people better?

Decide now, and then in the summer of 1925 cross the Atlantic Ocean to Finland. Spend your summer vacation with us. Come to celebrate our first summer night! Live the short summer weeks with us! With all our hearts we will welcome you.

KYLLIKKI POHJALA, R.N.,
Finland.

Miss Elizabeth Robinson Scovil

(By G. C. M. White, in the Women's and Home Section of The Canadian Farmer.)

When, during a happy chat with Miss Elizabeth Robinson Scovil, at her home in Fredericton, she referred casually to an approaching birthday, the distinct shock of surprise at the years mentioned was immediately lost in the quick decision, "this, then, is the way to approach age." The accumulated knowledge and wisdom of the years of varied, but always purposeful, activity had produced a breadth of understanding that is very good to encounter.

Miss Scovil decided to become a trained nurse at a period when it was considered a strange choice for a gentlewoman, and was graduated from the Massachusetts General Hospital over forty years ago. She held responsible institutional positions, as superintendent of the Newport Hospital and Training School, and twice head of the infirmary of St. Paul's Boys' School at Concord, N. H., an Episcopal Church school for 400 boys. Yet these positions were not, as they might have been, the pivot of her career, for the ties which bound her always to the home of her forebears in rural New Brunswick—"Meadowlands," midway between Fredericton and St. John on the beautiful St. John river—drew her back no less than three times, once for a period of twenty years. In addition, Miss Scovil was for many years an associate editor of the American Journal of Nursing, and a departmental editor of the Ladies' Home Journal. She has had more than a dozen books published, principally on nursing and kindred subjects, but also including a little volume, Hymns of Praise and Gladness, a reference book on the meaning of proper names, and at present there are still to appear a part of a series of twelve children's bedtime volumes of Bible stories in words of one syllable.

Present Activities

"I do very little now," explained Miss Scovil, who with her brother lives in Fredericton, while a younger generation reigns at "Meadowlands."

Yet she has a department in the Canadian Journal of Nursing, and she is the animated fairy godmother of the Pickett Memorial Fund, a fund to which the clergy of the Church of England in Fredericton diocese may turn for assistance when trouble comes to the rectory, or, as is more often the case, thankfully accept the timely offer of aid which is tactfully extended. Needless to say the disbursements of the interest of the fund, which has grown rapidly, is confidential.

The diversity of the full and busy life is apparent. Reminiscences of three separate interviews with Florence Nightingale, together with her autograph opposite May 12 in a birthday book, were mingled with other reminiscences and autographed photographs of favorite authors, and still

other illustrated reminiscences of busy days at "Meadowlands," where among other duties there were young children to be mothered. Petty gossip is most unnecessary in such an atmosphere.

Miss Scovil told, with a little smile, of her mother's horror when she went to be interviewed by the secretary of the committee of ladies, who then selected the candidates for hospital training, and was asked by the maid to sit down in the hall to wait!

"My mother said she would prefer me to become a housemaid. But after I had graduated I wrote an article for the Youths' Companion which brought, it was estimated, over a thousand applications for admission to the training school, and which brought me the thanks of the committee, so I was able to assure my mother she was quite avenged for my having sat in Miss W's hall."

Her Text Book

Miss Scovil wrote her first book when she was superintendent at Newport, a most exacting position, as there was in those days no medical practitioner quartered in the institution, so that she was head of both training school and hospital. The book was a "Baby's Requirements," written to answer the thousands of questions received through her department of the Ladies' Home Journal. Later she wrote a book for mothers, to fill a need which, she explained, Dr. Helen McMurchy's Blue Book now admirably covers for Canada.

It is the misfortune of geographical position and sparse population that New Brunswick must send so many of her sons and daughters out of the province to seek training and work. Yet New Brunswick never lost Miss Scovil, and she was one of the members of the nursing profession who assisted in establishing in Canada the Victorian Order of Nurses. Miss Scovil, who was made an honorary member of the National Council of Women, went to a meeting in Vancouver to speak on behalf of a nursing service, which it was hoped would in time serve large rural areas. At the request of Lady Aberdeen, she also went to England to speak in the cause of the V. O. N. Before returning home, the Canadians were for a week the guests of Lady Aberdeen, in Scotland.

Sometimes we are inclined to talk sentimentally of the "sunset of life," for those who have passed middle age. One wouldn't where Miss Scovil is concerned. There is far more of the sunrise about her. And she speaks with keen interest of the activities of the new life which we shall live.

One leaves her feeling comforted, assured. —Daily Gleaner.

THE SPIRIT OF FRATERNITY

J. W. FOLEY, FROM "THE KABLEGRAM."

Did you give him a lift? He's a brother of Man
And bearing about all the burden he can.
Did you give him a smile? He was downcast and blue,
And the smile would have helped him to battle it through.
Did you give him your hand? He was slipping down hill,
And the world, so I fancied, was using him ill.
Did you give him a word? Did you show him the road,
Or did you just let him go on with his load?

Did you help him along? He's a sinner like you,
But the grasp of your hand might have carried him through,
Did you bid him good cheer? Just a word and a smile
Were what he most needed that last weary mile.
Do you know what he bore in that burden of cares
That is every man's load, and that sympathy shares?
Did you try to find out what he needed from you,
Or did you just leave him to battle it through?

Do you know what it means to be losing the fight
When a lift just in time might have set everything right?
Do you know what it means—just the clasp of a hand
When a man's borne about all a man ought to stand?
Did you ask what it was, why the quivering lip
And the glistening tears down the pale cheek that slip?
Were you brother of his when the time came to be?
Did you offer to help him, or didn't you see?

Don't you know it's the part of a brother of Man
To find what the grief is and help when you can?
Did you stop when he asked you to give him a lift,
Or were you so busy you left him to shift?
Oh, I know what you mean—what you say may be true—
But the test of your manhood is, What did you do?
Did you reach out a hand? Did you find him the road,
Or did you just let him go by with his load?

—*The News Letter.*

The mere size of the British Empire does not appeal to me; that does not really matter. It is the soul of the people that is great. Greatness is moral and spiritual. I wish it may be given to the British Empire to become a great spiritual and moral force in the world. If it does not become that it will not have justified itself and will not be worth having. It may be the destiny of the British Empire to be an example to mankind in all the great ideals of government which alone can make it worth living in. That is the task—and it is a great task—that is set us—GENERAL SMUTS.

Letters to The Editor

Dear Editor:—In the spring of 1921, after trying in vain to secure a suitable house for convalescent hospital to form a training school for trained attendants (the only really satisfactory way of training them in my mind), and so begin this important work of a secondary group of nurses, controlled and supervised to protect our profession against the so-called undergraduate, and give to the public who do not need a trained nurse, and cannot afford one, a reliable trained worker for convalescent, not serious and chronic cases, I made this offer to the Y.W.C.A. to start this work here. In order to do this, as they had no money for it, I donated what was necessary, got the equipment from my friends and on condition that they would protect the nursing profession with a contract with each pupil, binding her to take only such cases, charge only such fees as allowed, wear a pin marked "Trained Attendant," and special uniform, I started September, 1921. The course was to be three months' intensive training, of what is required for such cases. Lectures and demonstrations were given every morning, and the afternoons were devoted to practising on each other and the "Chase Doll," every girl had to give and receive a sponging before me, enemas were given to a "Chase Doll,' hot fomentations, mustard paste, etc., on pupils.

At the end of three months, those who had passed their examinations were sent out on cases, and for six months had to get forms filled out from doctor or patient, answering questions as to their work, etc. Then they did not receive a diploma till proved by six months' work that they were worthy of it. Nothing but good reports were received, till one and a-half years had passed, when one of the oldest began to overcharge and do poor work. I reported this to the Y.W.C.A. committee, but they refused to back their contract, saying they would make the pupils sign it, but could not undertake to see that it was kept. I felt then and now that it can be controlled principally by this contract, and that, if I agreed to go on without control, I was a traitor to my profession. I left the "Y" and started a school of my own, backed by Drs. Sheppard, Lafleur, Archibald and twenty other doctors as patrons.

I have trained up to date fifty-seven attendants, have not had another bad report, they are doing splendid work, gaining the good-will of doctors, patients and trained nurses, who have worked with them, and the demand is greater than the supply. They get $3.00 per day and do 12 and 19-hour duty. They are a very fine type, with high ideals and a determination to set their work on a footing which is above criticism.

I have helped them form an association, based on the Registered Nurses' Association, with the addition of a contract and some articles which control the work as fol'ows: Articles XI. The committee shall appoint a board of directors, consisting of doctors, three registered and professional nurses, and three trained attendants; the members of the nursing profession shall also act as examiners. Article VI. The following persons and schools shall be entitled to become members of the association upon examination and payment of admission fee, as herein provided, namely: All trained attendants of 19 years and older, of good moral character, who have either graduated from a school registered with this association, and under the supervision of the advisory committee and examining board, or have passed examination set by that board, have signed the contract of the association and agreed to adopt the registered uniform. Registered on the registry of industrial design, No. 28, folio 6042, in accordance with the Trade and Design Act. (B.) Schools—For registration with this association: A school for attendants must be willing to be under the direct supervision of the board of directors and examiners, must agree to allow these to enter their class rooms at any time, set their examinations and have only such teachers as approved by them, give a course of not less than three months' day training with supplementary work in chronic and convalescent hospitals when suitable, according to board of directors, and agree to insist that each pupil sign the contract of the association, when accepted by them as a pupil after probation, which contract shall be handed back to the association to hold and maintain.

They have appealed to McGill to back them in this effort, and are most anxious to get the co-operation in this, of doctors, the public and all concerned.

A short study of the above articles will show the reader how, by backing the trained attendants in their association, the whole work can be controlled far better than any form of registration which has failed in the United States. For it gives them a proper status and moral standing, not that I do not think we must look for registration; I do, and go further, we must work for legislation to prevent any one nursing for money without a certificate.

My pupils want it known that they are no more trying to do a trained nurse's work than a trained nurse tries to do a doctor's, and they are much upset over the fact that, since I left, the Y.W.C.A. is giving a shorter and less careful training. Only four mornings a week and no afternoon work for three months, and two evenings a week to girls working at other things all day, for six months, and that already we are hearing bad reports of the pupils sent out since last Christmas, and who are not registered with this association.

I am writing this to try and show that I have a scheme in this contract and association which is worth looking into. When I was in New York last Easter, I explained it to prominent members of both professions and social workers, among others, Dr. Dwight Chapin, who was very enthusiastic, saying he thought I had the right working basis, which would work where theirs had failed; as he expressed it, "you have got the goods."

My theory is that they must be taught only what is suitable, not looked down on for not being a trained nurse any more than a trained nurse is for not being a doctor, and upheld by the association and high standard. The type needed here is quite different to that in Saskatchewan; the attendants have a lot of chronic, convalescent old people, and cases of slight illness where some help is imperative, and a trained nurse is not required and cannot be afforded.

They are not asking the trained nurses' work, but the so-called undergraduate, and seem to be tremendously needed, according to the large demand for them. A record of only one bad report, of 57 trained attendants, controlled as above, in two and one-half years, appears worthy of consideration and support, and I ask that it may be given the attention of the profession at the coming convention, as it is a totally different scheme for the work to that used anywhere else, and so far has been a success. I fear very much that, if our profession does not take this matter up at once, there will be a great deal of harm done by institutions outside the profession by the wrong type of women and training, and by the attendants not being on our registry and working with us, and not against us.

"He who hesitates is lost."

Respectfully submitted,

M. LOUISE PARKER, R.N.

Dear Editor,—In the May issue of our "Canadian Nurse" I noticed an article on "Health, the Neglected Factor in World Economics, regarding Tuberculosis," by Agnes Joynes. It is very interesting to those engaged in similar work in the west to know that Dr. H. A. Farris is carrying on this side of the work at the Hospital for Tuberculosis in East St. John.

The educational side of all sanitarium work is intensely important, and, while there is much, and very much, yet to be done in all parts of Canada, it is encouraging to know that the need is being increasingly recognized, and that to both medical students and nurses sanatoria are offering opportunities of training and practical experience which are invaluable in their preparation for the practice of their professions. For the medical students of Dalhousie University the Tuberculosis Hospital at Halifax is the training school; for the Western University the Queen Alexandra Sanitarium, London; for Queen's University the Mowat Sanitarium, Kingston; while the students of Manitoba University receive their tuberculosis training at the Sanitarium of Ninette, in Manitoba, and QuAppelle in Saskatchewan. A few students are being taught, also, at Gravenhurst and Hamilton.

To speak more particularly of the work done at Ninette, in the past ten years two hundred and seventy students averaged one month each, twenty were on the staff for an average of a year; and in 1923 forty-eight spent an average of twenty-five days at the Sanitarium, which means twelve hundred days of teaching and learning. To quote Dr. Stewart, Medical Superintendent of this Sanitarium, "for every six regular admissions of patients for treatment in 1923, one student came in to serve an apprenticeship."

There is a growing feeling among the leaders in this work that any provincial sanitarium owes it to the nursing schools of the province to supplement their teaching by special training and experience for both under-graduates and graduates. I understand that, by the law of the province of Saskatchewan, training in T. B. work is now an essential part of the education of a nurse, and many of your readers may recall the resolution passed on the subject at the Dominion Convention at Edmonton in June, 1922. At the Manitoba Sanitarium, Public Health and other graduate nurses who wished to visit the institution or take a short course of training have always been made welcome, and a considerable number have joined the staff for periods varying from one to four months, returning to public, private or institutional work with a better understanding and keener appreciation of the work of prevention as well as cure.

Owing to the difficulty of getting nurses for sanitarium work during the war, a training school was started at the Manitoba Sanitarium, giving a two-year course, from which twenty-five nurses have graduated for tuberculosis work, some of whom have gone, or will yet be going, to take courses in general hospital or maternity work. This training school was discontinued in 1923 for affiliation with general training schools, pupils from an affiliated hospital being given a two-months' course in practical nursing of tuberculosis patients, combined with lectures, and instruction in the purpose and methods of administering therapys. This work is still in the experimental stage, but the experience of the past six months has been both satisfactory and propitious.

And as to students, pupils, members of staff, and patients going out into the world again, they are enabled—and expected—to be teachers of better ways of living, and do their share in bringing about the time when health will be no longer the "Neglected Factor in World Economics."

Yours sincerely,

MARIAN E. MOODIE,
Manitoba Sanitarium, Ninette, Man.

HOW OFTEN SHOULD CHILDREN'S GLASSES BE CHANGED?

After glasses have been prescribed, particularly in children, the eyes should be examined at intervals of six months or a year in order to be sure that the condition for which the glasses have been prescribed is actually relieved. Very many children need their glasses changed in six months because the eyes cannot bear the full correction for the abnormality at the first examination. A second pair of glasses is often worn longer than the first. But during school life every child should have his or her eyes examined at least every year.

—WILLIAM M. CARHART, M.D., in The Health Builder.

For what is life that we should make such ado about it, and hug it so closely and look to it to fill our hearts? What is all earthly life, with all its bad and good luck, its riches and its poverty, but a vapour that passes away—noise and smoke overclouding the enduring light of heaven? A man may be very happy and blest in this life, yet he may feel that, however pleasant it is, at root it is no reality, but only a shadow of realities which are eternal and infinite in the bosom of God—a piecemeat pattern of the light kingdom, the city not made with hands, eternal in the heavens.

—CHARLES KINGSLEY.

The World's Pulse

By Elizabeth Robinson Scovil

Ocean Telephone Service

The American Telegraph and Telephone Company announces that in November a regular telephone service will be begun between New York and London. In time it is expected to connect New York with Paris, Venice, Constantinople and Rio Janeiro. Great Britain intends to establish a 200-kilowatt radio telephone plant at Rugby. Experts have found that owing to sudden atmospheric changes it is necessary sometimes to use 10,000 times as much power to convey audible speech across the Atlantic as at others.

Progress in Cancer Work

Dr. Charles H. Mayo, of Rochester, Minn., speaking at the opening of the New York City Cancer Institute, said, "We are going to conquer cancer and rid the world of it." Research work is rapidly advancing towards a cure, but Dr. Mayo does not feel certain whether serum, radium or X-ray will prove the most effective agent.

A Remedy in Intestinal Ailments

Prof. Leo F. Rettiger, of Yale, has been at work for more than ten years in search of a therapeutic agent for use in intestinal ailments. It is announced that he has perfected Acidophilus milk, which is designed to neutralize the fermentive and putrefactive bacteria that cause disease. He has found that it is possible to have the milk produced in quantity under proper supervision.

Ships Guided by Wireless

A girdle of wireless direction-finding stations is to be placed around the British Isles for the assistance of seamen. They will be particularly useful in foggy weather. A wireless message being received at any station, no matter from what distance, the station will be able to give the ships its exact position and that of any vessel near it. This should make collision in fog almost impossible. A ship can also be warned when it is too near the coast, or dangerous rocks.

A Robinson Crusoe Relic

An old flint-lock musket, recently sold in London, is carved with the name "Alexander Selkirk. Largo 1701." It is said there seems no reason to doubt that this gun was the property of Alexander Selkirk of Largo, upon whose adventures and life upon a desert island Dafoe founded his story of Robinson Crusoe.

Scarletina Serum

Experiments have been made at the New Haven Hospital, which is a part of the Yale School of Medicine, with a serum for the cure of scarletina. It is the result of four years' experimentation on the part of Dr. Douchez, of New York. Complete success attended its use in 25 out of 26 severe cases. In the 26th there were serious complications, including blood-poisoning. In sixteen cases a single injection of the serum sufficed and convalenscence began from twelve to twenty-four hours.

The King's Voice

During his speech at the opening of the Exhibition at Wembly the King's voice was heard by wireless at Poughkeepsie, 80 miles north of New York. The listener in, a Mr. Manning Cleveland, said that the speech, though faint at first, grew gradually clearer until atmospheric conditions interfered.

Sleeping Sickness

Sleeping sickness is said to be rapidly increasing in Great Britain. It is an inflammation of the brain; lethargy and paralysis are the outstanding symptoms. From one-half to one-quarter of the patients die and few recover completely. Young people of from ten to twenty are the principal victims. It shows a tendency to spread westward.

A Smallpox Peril

Many medical men fear that from neglect of vaccination smallpox has become endemic in England. Since the beginning of the year there have been twice as many cases as in the same period last year.

Honey by Electricity

An increased output of honey has been obtained in an apiary heated and lighted by electricity during the winter. Strong swarms of bees began to collect honey much earlier than usual and so took advantage of the earliest spring blossoms.

A Veteran Visitor

Sir John Brown Jones, who was in attendance on Queen Victoria at the Great Exhibition in 1851, visited the Exhibition at Wembly and said the great exhibition could be tucked away in a corner of the Empire Exhibition.

A Gift to a Hospital

At Godalming, Surrey, a house is being built by the voluntary labor of working men from materials given by a local builder. When it is finished the house is to be disposed of for the benefit of the Royal Surrey County Hospital.

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The Underlying Causes of Mental Diseases and The Nursing

DR. J. W. MACNEILL
Superintendent, Mental Hospital, North Battleford

Address Given at the Annual Convention, Saskatchewan Registered Nurses' Association, Regina, April 25th, 1924

In response to your kind invitation, I shall endeavor to say a few words on the two subjects outlined therein—"The Underlying Causes of Mental Illness," and "The Nursing in Mental Illness."

On the very face of those subjects it becomes apparent that I could only just barely scratch the surface.

The cases of mental abnormality, or mental disease, are many and varied. I shall not, in this paper, use the term "insanity." Insanity is not a medical term. It is a social-legal term, used to designate an individual, who, because of a mental disease, is not able to adjust himself to the demands of society, and, in consequence, comes into conflict with the Law, which is the agent of society.

The history of the believed causes of mental disease is the history of the advancement of civilization. One of the earliest cases recorded is Saul, King of Israel, who was supposed to be possessed of an evil spirit. You remember that David was called upon to play the harp, and that Saul's madness was supposed to be relieved by the sweet music of the harpist. Nebuchadnezzar was a mental case, and one, probably, of the manic depressive group, for he speaks himself of the return of his reason, showing that he had an insight into his condition. The etiology—the cause, was always attributed to some super-natural force, some spirit. If, in ancient times, the symptoms were the benign type, the patient was possessed of a good spirit. If, on the other hand, the symptoms were not in harmony with the religious views of the times, if the patient's condition conflicted with the dominating code of ethics, he was the victim of a malignant devil, and, as unfortunately the symptoms of mental disease are usually not of the benign type, it came to the place where the mental patient was always regarded as being possessed of a devil.

Horace, speaking of Odestes, says: "He was driven by the furies before he pierced his mother's throat with the reeking point of the sword."

This belief was common among many nations at the beginning of the Christian era, and, indeed, among the nations of Europe down to 1838, when Pinel, a French Psychiatrist, disregarded the "demonopathy," removed the chains of the patients and began a treatment along rational lines.

From this brief historical sketch you may see why it is inherent among the laity, and, indeed, not only among the laity, but also among sections of your profession and mine, to feel that some disgrace attaches to a family who has one suffering from a disease of the mind.

Sir Thomas Clouston says, "The mental pathology of the New Testament and of the early ages of Christianity was founded on the idea that the disease was a possession of the devil, and the feeling towards this afflicted class of human beings was naturally that of repulsion and hatred, their treatment following on those lines. Neglect, the whip, chains, confinement in stone cells, starvation, unsuitable medical treatment, speedy death, were the natural results."

It is interesting to note that among all this superstition the school of Greek philosophers looked for a physiological cause.

Plato, 429-34 B.C., said, "There are two kinds of madness, one arising from human diseases, the other from a deviation from established custom." And be it said for Plato that, like a good deal more of his philosophy, this description stands a pretty good test to-day.

Hippocrates, 400 B.C., believed that madness was caused from phlegm and bile. If caused by phlegm, the disease was benign, but if caused from bile, the disease was of the malignant type.

The teachings of Plato, of Hippocrates and of Galen (102 A.D.), who looked for a physiological reason, received no consideration till the time of Pinel and his colleague, Esquirol, who pushed to one side the prevailing superstitions and began to look for scientific causes.

The French school of Psychiatrists have stressed the belief in the heredity—that a patient inherits his weak nervous system from his ancestors.

Kraeplin, who is, perhaps, the most famous psychiatrist in the world to-day, maintains that the cause of many disorders is a specific poison that is circulating in the nervous system, which may come from endocrine glands, syphilis, or from without—that the mental disorder is from a specific poison, but likewise believes that a number of cases are influenced by heredity, and a number are of psychic origin.

Freud points out that a number of cases of mental diseases have no pathology and the cause must be found in the mind itself.

There are many functional nervous conditions (Neuroses) and mental condition (Psychoses.) (It is now admitted that whether the individual has a psychoneurosis or a psychosis, is a matter of degree.) The individual who has an attack of "nerves," and the individual who has a definite psychosis, are both mental, only some degrees apart.

The biological factors we have to deal with, the causes, are sometimes physical and sometimes psychic, and, in some cases, the ground is disputed as to whether the mental abnormality is of a physical or of a psychical origin.

In the case of general paralysis, or paralytic dementia, no doubt now exists as to the cause. It is due to the effect of the spirochaeta pallida, the syphilitic germ. It is now a known fact that you can have general paralysis in an individual who has had syphilis.

We have also the mental diseases due to somatic diseases—where the nervous system has been exhausted from the patient suffering from a toxic condition over an extended period, or from an acute infection, or from cardiorenal conditions, or disease of the endocrine glands.

We have:

1st. The Traumatic psychosis.
2nd. The Alcoholic psychosis.
3rd. The Senile psychosis.
4th. The Arterio-Sclerotic psychosis.
5th. Psychoses of Brain tumour.
6th. Psychoses with brain and Nervous diseases.
7th. Psychoses due to drugs, and many more mental conditions that we may assign a definite cause to account for the onset of the malady.

But we have the mental diseases, which have, so to speak, no physical underlying cause—mental abnormalities which are purely psychic and for which, as Freud points out, there is no pathology, no change in the nervous system and for which the cause is to be found in the mind itself.

In this group may be placed the Manic Depressive psychosis.

The Manias and the Melancholias, which seem to strike the patient like a bolt from the blue, which is a self-limiting disease, and which leaves the patient in a condition not very much inferior, if any, to what he was before the attack, unless he suffers from repeated attacks.

We have Dementia Praecox, the disease in this country most often met with in young people. This is one of the most distressing types of mental disease, and the one having the greatest tendency to chronicity. Although a variety of causes have been given, no less an authority than Kraeplin of Germany, said in his latest published book, that the cause of Dementia Praecox is shrouded in impenetrable darkness.

Let me dwell on this disease for a minute. It occurs in young adults, as a rule. It occurs in people of the shut-in personality. Those young people, who having a tendency to seclusion, perhaps an inherited tendency to seclusion, are permitted to develop that unfortunate side of their mentality till it becomes a psychopathological condition—till an abnormality becomes a disease. The faulty mental habit—secretiveness, grudge-bearing, day-dreaming, brooding and withdrawal from companions; the intelligent nurse can be of great service, when, finding in a family such a one, she may be able to tactfully guide the parents not to force or even permit, the studious, seclusive child to over-do the work that makes the fond parents so proud, but to follow the advice of Sir Thomas Clouston of Edinburgh: "Build up bone and fat and muscle by every means known to us during the period of growth and development. Make fresh air the breath of life of the young. Develop the lower centres, rather than force the higher. Especially is this important where there is bad heredity."

"Self-knowledge, self-reverence and self-control—these alone lead life to sovereign power."

We have the psychoneuroses:

1st. Hysterical Insanity.

2nd. Traumatic Neurosis.

3rd. Dread Neuroses or the Psychasthenias.

Now, perhaps, it is not pleasant to think of, but that neurosis, or attack of "nerves," is a mental disease, or a psychosis—and is a matter of degree.

Dr. Buzzard says, "There is a fallacious belief, deeply implanted in the public mind and waiting a long-delayed exhumation by our profession, that so-called functional nervous disorders or "nerves" are not mental disorders. Surely the time has come to discard a verbal quibble that is unworthy of a scientific profession. If we recognize, and cause to be recognized, that there are all degrees and kinds of mental disorders, we

shall gradually, but surely, break down the barrier that at present separates "nerves" from insanity, and that preserves for the latter the position of a mysterious and malign ogre lurking in the background and ready to pounce upon its victim from an unseen world. No harm is, or ever can be done by dispelling ignorance or clearing up mystery. The fear of insanity, the fear of the unknown, the fear of something coming on them without provocation and finding them defenseless, haunts a multitude of patients and prevents that peace of mind which is the first essential in restoring their "nerves." Tell them that their symptoms are mental, that they have long suffered from a disorder of mind, and familiarity will breed contempt in place of unspoken fear. By so doing you will remove the feeling of defenselessness, and promote a confidence that the condition is understood and that your treatment is not based on a wrong diagnosis.

It is useless to tell a patient who is obessed by the fear of insanity that he is only suffering from "nerves." In nine cases out of ten he will suspect either that you are deceiving him or that you are ignorant. Let him see that you recognize the symptoms as mental, and he will leave the treatment in your hands.

These conditions are preventable—they are preventable if the Mental Hygienist, the Psychiatrist and the Mental Nurse work in harmony. It is not in this case a matter of temperature-taking, of surgical dressings or record-keeping. The nursing of the insane and nervous must deal with the habits and the characteristics of the patient.

The great purpose of the nursing of the individual with a tendency to mental trouble is to help such a one to react normally to the conflicts of life.

Dr. May, of Boston, says, "The immediate cause, so-called, is usually a mere incident, often not without significance, but bearing little, if any, definite relation to the fundamental underlying condition resposible for a mental breakdown. In the constitutionally pre-disposed, the love affair, the loss of position, the upsetting factor, whatever it may be, is merely "the last straw that breaks the camel's back," and is merely an accident, a pure coincidence. Any other comparatively trifling occurrence out of the ordinary, any difficult situation which the make-up of the individual could not adequately meet and react to, would have accomplished the same results." In the last analysis, we are brought up against the element of personality—mind. It is the effect of the external factor on the individual, and not the external factor itself, which is important. In other words, in a large majority of cases, the mental illness is the result of reaction to conflict.

This conflict starts in the crib, and under your eyes as nurses—when Mr. Baby is not compelled to adjust himself to his environment, or to his surroundings.

The mental nurse will guide the proud mother to teach her child to respect the rights of others, not to be too self-assertive—to learn what is

real and what is make-believe—to learn to put forth effort in the face of the task, and that what is worth while must be worked for. The day-dreamer is the finished product of the child that is permitted to hide behind unrealities, rather than face the inevitable difficulties, and it is the mental nurse's prerogative and duty to teach the parents that it is the way the child's problems, his difficulties, his conflicts are met and dealt with that moulds his habits and has to do with the mechanisms of his character formation—has to do with his future mental health. His ability to meet his difficulties in life is modified by his training in relation to earlier tests.

It is necessary that the child be taught to think generously and live harmoniously. The mental nurse can do much to develop self-reliance and independence and prevent the child from that worst of all attitudes of mind, a craving for sympathy. The craving for sympathy—the magnifying of one's ego, either from self, from home or from outside—is damaging to the developing mind.

Nearly every one of us will shirk the task that demands full mental effort—we all want the easy way, but it does not produce results.

Professor Paul Dubois says, "The true cause of the psychopathies is therefore to be found in this native weakness of the mentality, in a psychasthenia which allows commonplace factors to precipitate the individual into an abnormal state. These latter are not specific in any sense; that is why they are so manifold; they consist in everything which lessens the reason of the power of judgment. It is not merely a simple pre-disposition; it is an already abnormal mental state demonstrable in the individual before he is actually ill. There are a great many regarding whom one might almost predict the catastrophe, once one knows their habitual mentality. If the mentality with which we are endowed at a particular age were entirely native and hereditary, it would be very difficult to modify; often we should be able to do nothing but bow before the fatal law. But our mentality is a complex product made up of an innate foundation to which is added the superstructure of our sensible experiences. This mentality continues to evolve under the various educative influences acting daily upon us. And thus, by self-culture, our personality, in a certain measure, we modify. It is evident that education, designed and carried out by the psychotherapist, may equally alter the primitive temperature of the particular patient. The pathological mentalities have been formed, and they can be reformed. Doubtless, it is a difficult process, but it is the true and only treatment for the psychopathies."

Such is the work of the mental nurse—herself an individual of strong bodily and intellectual qualities, free from morbidity and intense feelings, with a working knowledge of psychology to not only understand, but by tact, judgment, firmness and common sense guide the attitude of mind of the child who, if left without mental hygiene, will certainly develop into a psychopathic personality—into an individual mentally diseased.

Public Health Nursing in Finland

Finland has every facility for the thorough and excellent training of nurses in public health work, and has, what is even better, a sufficient number of well-educated and carefully-trained nurses of undoubted personality. The Finnish people seem thoroughly aware of the value of public health nursing, and will give it, we feel sure, all the backing and support it needs for development, intelligently avoiding short cuts and short courses to get their supply, but wisely demonstrating the service with only thoroughly prepared nurses. There are at present about 25 public health nurses working in Finland under the supervision of a graduate of the International Courses in Public Health Nursing.

Miss Segerberg, a Finnish graduate of the International Course, in a recent letter, gives an interesting description of her work:

When I came home to Finland there was no time for me to rest, because General Mannerheim's League for Child Welfare, which is a private organization, wanted me to start work as soon as possible.

My first work at home is to demonstrate generalized public health nursing: baby and infant care, school nursing, tuberculosis nursing. The demonstration field is an urban area close to Helsingfors. It is only 20 minutes by tramway to the capital, but the county has no right to use the hospitals and other institutions of the town, except the State hospital. The county is just organizing itself, but very little is being done yet. It was therefore a suitable place for a public health nurse to start on. The population is about 3,000, about 20 per cent. of these being well-to-do people.

Three elementary schools in different places having all about 250 children. In these I have started school nursing, which includes minor ailment treatment, personal hygiene classes, health talks, home visits. Until now no physician, nurse or dentist has been working here, because, being so near the town, it does not pay. Now we have succeeded in getting a physician interested in our work, so we have already a school doctor. All the school-children have been weighed and measured and the physician has examined them. I am at present doing the follow-up work in the homes, and there is a great deal to do. The children's teeth are in a very bad condition. Steps are already being taken to secure a school dentist.

Defects revealed by the inspection are the same as everywhere amongst children: tonsils and adenoids will be removed in the State hospitals.

Many of the children suffer from malnutrition. All those children will be weighed once a month and nutrition classes will be held. We try gradually to teach the children health rules and to get all the members of each family interested in practising health habits. They have no idea of how important all these apparently simple rules are and have much to learn.

School lunches are given only to poor-law children, but I hope the Education Authority will decide to give it to all undernourished children

too and soon to all the children. The present schools are small and primitive, but probably next year new buildings are to be built, and then existing conditions may be easily improved. The teachers are interested in the health work and help me a great deal. They tell the smaller children stories about "Fairy Fresh Air" and "The Magic Catfield," etc. Toothbrush drills and handkerchief drills are being given, and the children enjoy the first mentioned so much that they want to have it soon again. It is a joy to work amongst school children.

Concerning the other branches of my work, I have not done very much yet. I hope to get my health centre established shortly, and then I shall be able to start baby consultations, ante-natal clinics, etc. There will also be a first aid centre, the school dentist will work there; a club for school-children will have its headquarters there, and courses in infant care will be given to school-girls and young mothers and women.

I have mentioned above that I am working in a private organization, which has, of course, to finance the work. The Finnish State, however, gives two-thirds of all money spent for improving the health conditions in schools, and from the municipality we hope to get 50 to 75 per cent. of the expenses for other health activities as soon as they are started.

When we try, in our country, to apply what we have learned abroad, we find that we cannot just copy, but have to think out every bit of our work, and that is what makes it so interesting. We have to eliminate a great deal and to build up new methods, in order to get results best suited to the place we work in and the people we want to serve. But the ideas and ideals we keep, and our thoughts return often to the happy time we spent studying hard and learning, not only from books but from all the different people we met.

The Saskatchewan Red Cross Nursing Service
The Outposts

Miss Goodnow says: "My two best sellers were written under protest,"—and that is my excuse for presenting something of the work being done by the Red Cross in Saskatchewan, and I name our provincial representative of the Public Health section as the one responsible. When asked what particular phase of the Red Cross Nursing Service she would like to have me write about, she obligingly, and with responsibility-shifting cheerfulness said, "I will leave that entirely to you."

Before speaking of any phase of this work it might be well to explain how this service came into being. With the signing of the Armistice the Red Cross merged from a war organization into a peace-time one, pledged by the International League of Red Cross Societies to "the promotion of health, the prevention of disease, and the mitigation of suffering." Each

province in the Dominion of Canada became a separate unit to meet its own problems. The Executive Committee of the Saskatchewan Branch appointed a committee to decide provincial needs and treatment.

Already different groups of workers were in the field working for this same end. Nurses and doctors directly under the Provincial Department of Health were conducting child welfare clinics and home nursing classes throughout the province. Nurses under the Department of Education were examining school children and presenting school hygiene to the students who were qualifying for teaching positions. Legislation provided for the supply to organized districts of hospital and nursing care through taxation. But the great unorganized territory of Saskatchewan remained without any local provision for health measures.

To meet the difficulty of transportation in community health work in this part of the country, the Red Cross Nursing Outpost came into being. This forms a centre for the nurse to work from as well as a place where patients can be nursed. The pioneer home in this country has no provision in its space for the caring of the sick and the fact that two or more cases, if brought to a centre from widely separated points, could be cared for at the same time, while it would have been impossible, owing to distance, to do this in any kind of district work.

It is almost impossible to tell of the work at one of these outposts, as conditions differ so widely. One outpost in the northern part of the province is in the centre of a district which was held by the government as reserved land and opened to settlers, ex-soldiers, in 1919. The country is wooded, there being no roads of any kind before 1919. The border of the settlement is twenty miles from the nearest point of railroad and the nearest medical help sixty-five miles away.

While it is not the ambition of the Red Cross to supplant the medical profession, the nurse in charge of this outpost is likely to have the experience of a professor of obstetrics, a consultant in every branch of medicine, and the superintendent of a training school. Unlike the usual superintendent, she has no chance to name the educational requirements of her pupils, but takes her students—young mothers—without any questioning, and in two weeks sends them out baby specialists to nurse and train Canada's hope.

Babies born here, it might seem, begin life with a handicap, but they have mothers who are thrice heroines and who are apt pupils when the subject to be presented is babies, and the demonstrating material their own child. It is with these resident mothers that the greatest health teaching is accomplished. When in residence these mothers are taught, and on returning home they carry the public health message.

The successful issue in any public health work is co-operation of all factors in the community in which it is done. If the mothers are interested in the points of community health, then the great question has been

solved. Perhaps lack of funds may prevent many things, but an interested mother with a vision of the future and its possibilities goes a long way towards accomplishing seeming impossibilities.

There are so many things to be taught,—the dressing and undressing of the baby, the right kind of clothes to wear, later on the baby's food, what to give and what not to give, older children going to school, often walking or driving three or four miles, for them the question of right and wrong school lunches. Here we have help in the provincial department of Household Science who present in very compact form procedure for preparing hot school lunches as well as simple recipes for the canning of fruit and vegetables for winter use. This has been invaluable in Saskatchewan, for many young mothers from the old land, brought up under different livirg conditions, find Canadian cooking and preserving of materials for winter use strange and weird. Then there is the lesson in what to have ready for a maternity case in a home, and innumerable questions to be answered on previous illness in the home.

In Saskatchewan, the Nursing Outpost which has no local resident physician has had annual child welfare clinics conducted by the department of health. In two Outposts the local doctor has conducted monthly clinics.

In the outlying districts remote from medical help one of the important points to be emphasized is the pre-natal care of the mother. The mother is visited regularly for some months before the baby arrives, and, if the case presents history of anything abnormal, provision is made for her transfer to a centre where she can receive medical attention at confinement.

While the nursing of the patient and the prevention of disease is the point stressed in the Outpost work, there is another work which cannot be overlooked. In the western prairies the isolation, the crop failures, the long winters, all take their toll of life and courage. The expectant mother comes to the Outpost in many cases overtired, discouraged, and almost hopeless. The rest, the new surroundings, the contact with the nurse, with a mind filled with new ideas, sends her home feeling—as one patient said—"When I came here I felt nothing mattered, but now I know everything matters. It has been a wonderful holiday."

In Saskatchewan ten of these Nursing Outposts have been established,—the first October 1, 1920, and the tenth October 1, 1923,—the community to be served in each case providing the building, the Red Cross furnishing the equipment and meeting any deficit for two years. Patients admitted who can afford to do so are required to pay,—this can be done in materials as well as money. Two of these Outposts have agreed at the end of two years to pay three-quarters of the deficit. One other has agreed to make a donation. Two of the northern Outposts, where wood is the fuel, provide the fuel. The two years where the total deficit is met by the Red Cross has not been completed in the case of the other five Outposts.

At one time the Saskatchewan Red Cross maintained nurses in districts other than those where Outposts were established. This part of the service has been discontinued, the Committee on Medical and Nursing work deciding that the programme of the International League of Red Cross Sccieties would receive a fuller interpretation from a centre which could provide room for the actual nursing of the sick as well as community health teaching.

C. I. STEWART,
Supervisor of Red Cross Outposts, Sask.

Communicable or Contageous Diseases

The problem of the maternity case where a communicable disease exists, and that of the maternity patient who is suffering from a communicable disease, has been one with which the V.O.N. has had to contend for some time. Again we have had to refuse to give nursing care in a home where a patient ill with some infectious disease could not gain admittance to hospital on account of lack of accommodation, and as a result this patient had to be left to the care of the family who know little or nothing of nursing care, and especially that of a communicable disease where the health of the other members of the family and community as well depend upon the intelligent care given in that household.

After much discussion and advice, the V.O.N. in Montreal decided to extend its nursing service to include the communicable cases. This service is not intended to be given indiscriminately to families who refused to enter hospital when there is a vacancy, neither will it be continued in cases where the family refuses to co-operate with the nurse in maintaining quarantine.

On November 1st, 1923, the V.O.N. was ready to respond to any call for nursing care on a communicable disease, two nurses having been detailed to this work. During January 98 visits were made to communicable cases, which included scarlet fever, diphtheria and measles, and we hope, with the continued co-operation of the doctors who employ our service, we shall contribute much towards the prevention of communicable epidemics in Montreal.

NEED FOR INSTRUCTIONAL VISITS

More evil can be attributed to ignorance than to any other source. By evil I do not mean crime, but rather mental deficiency and physical disability among the youth of the country. To correct this evil, based on ignorance, it is necessary to trace it to its source, the mothers.

To illustrate my point, may I cite briefly a few cases which in the aggregate may be accepted as typical of one day's duty of a V.O.N.

The first visit is to the home of a woman, mother of a baby one day old. The mother has had the benefit of four months pre-natal care, and all preparations had been made for the warm welcome of the little one. The mother and child are both doing well, so that the task of the nurse is comparatively a light one. Both patients are made comfortable, a few words of encouragement to the mother, a few words of careful instruction to the relative who is acting as nurse to the mother and baby, and the nurse is able to start out on her next case.

The second visit was to have been similar to the first, but on the way the nurse is intercepted by a man who asks her to hurry to his home. It is a maternity case on which no pre-natal work has been done. The husband is immediately dispatched for a doctor, and while awaiting the arrival of the latter the nurse encourages the patient, and does what she can to make some preparation for the coming of the baby. On his arrival the doctor tells the nurse she will not be needed for an hour or two, so she has time to make the other visit she had planned. Before returning she borrows from a former grateful patient enough clothing to care for the immediate needs of the new baby, and then is ready to aid the doctor in his task. All that can be done for mother and child under the circumstances is done. For the next ten days the nurse must keep in close touch with this case, giving daily care and instruction.

The afternoon's work is commenced with a visit to a mother whose child is four weeks old. Such a visit will be made once a month under the supervision of the family doctor. The mother, who greets the nurse with a handshake, volunteers this information, "I have been doing just what you told me, and this is the best baby of the eight I have had." Is the baby's birth registered? The mother thinks so, as she sent the paper given her by the doctor to the City Hall. The nurse explains that this does not constitute registration in the Province of Quebec, the baby must be baptised. And so the nurse communicates with some clergyman who will perform the necessary duty.

These are the riches of Canada, which we must tend and develop.

I remember one night when an old lady, a one-time patient, sent for me that I might suggest some method whereby the rain might be prevented from dropping on her bed through the leak in the roof. One day I was stopped by a carter, who delivered to me a stirring address on the inadequacy of the horse-trough on one of the streets in my district, and asked me to take up the matter with the City Hall. On a third occasion I was met by a woman who wanted to know if she could quit her dwelling without being held liable for the balance of the rent, as the place was infested with rats.

In other words, besides being a V.O.N., I am regarded in some parts of my district as being able to exercise the functions of plumber, alderman and lawyer.

Their understanding of the Victorian Order may be wrong, but the principle is right. They have come to look upon the Victorian Order, in the outlying districts, as "a very present help in time of trouble," and in that attitude there is plenty of room for encouragement for those of us who have the work and welfare of the Order at heart.

A. V. O. NURSE

They have seen sorrow, and the pain and joy
Of childbirth; growing intimate with care
That numbs its bearers till they utmost bear
And mills their suffering to a fine alloy
Of shiftlessness and cheer; women with child,
And babes immaculate; old limbs and still,
Strong men like children weak conquered by chill
Or fever; a mourning parent or a happy child
Nurses of souls as well as bodies, these,
Whose constant service proves their constant need
As those of old, once, over distant seas,
Attacked the foe with sword and holy reed,
They strike—with simpler weapons, at disease.
Their motto, "Cleanliness," "Persist" their creed.

BEATRICE JOHNSON, B.Sc.

Health Teaching in the Home, Infant Hygiene and Pre-School Work

The spoken word is the oldest effective means for the transmission of knowledge; it is the most direct, most personal, most plastic and the fartherest reaching means of education that we have. The hawker on the street knows how much more effective his harangue is than the leaflet with all the merits of printed advertising. Business still depends upon the salesman for the distribution of its commodities. Can we who have health to sell afford to neglect this most effective method of salesmanship? Or fail to profit by the best means of communication known to the human mind? While, however, the spoken word is so efficient a medium for the transmission of thought, it by no means follows that it is a simple medium, or that he who can talk can therefore teach; but to teach should be the first aim of health talks.

Many expert forces are working in a thoroughly co-operative spirit, endeavoring to make an ideal working programme for child-life. These forces fall in four groups which, when properly associated, build a strong wall and foundation for the health of the child. One side is home, the second school and social organizations, the third is other interests, which are medical, while the fourth wall which joins and connects the others is

the child's own interest. A single breech in any one of these four bulwarks may defeat all the others are trying to accomplish.

A question which comes to us from all sides is: How can we bring about better health conditions in the home? Our object would be to remove all physical and mental causes of malnutrition, to get children to take proper food, to prevent over-fatigue, to secure fresh air by day and by night and to establish sufficient home control to ensure good food and health habits.

The growing child needs his meals on time, regular hours for work and play, regular hours for sleep and toilet. These essentials of health should be regulated by the clock. Regularity is the basis of habit. Habit is the basis of health. We are creatures of habit. Why not, then, be creatures of good health habits which can be readily formed in children?

It is gratifying to find mothers justifying our contention that the gain made in the clinics can be parralleled in the homes, when the mothers are willing to establish the necessary conditions, but it is also tragic to think of mothers who are spending their strength trying to make their children gain, and doing everything for them except the one thing needful to make the rest of their efforts count. This is where our teaching will be effective, to show the mothers *just what is needed.*

For many generations it has been the common practice to place the whole responsibility for baby care upon the individual mother. It is true that each mother must do her share, but she must know how to keep her baby alive and well, and also have the help of the community in doing it. One of these factors is just as necessary as the other; neither alone can accomplish much, but working together they decide together with almost mathematical accuracy just what the baby death-rate will be. It is futile to tell a mother to give her baby pure milk if the community does not make a safe milk supply available. On the other hand it is of course quite useless for a community to provide a good milk supply if the mother allows the milk to spoil after she receives it, or if she does not know how to feed the baby properly, and it is equally futile for the community to provide decent housing and opportunity for fresh air if the mothers do not avail themselves of them. Therefore a proper programme for lessening the number of baby deaths in any community includes two simple and easily obtainable methods: first the interest and practical co-operation of the community as a whole, and second the education of the mother.

In talking with the parents it is best to suit your illustration with something they are interested in, which will not take long to discover from the type of home you are visiting. Show your interest, thereby gaining their confidence. Bring your talk right down to their particular problem, anticipate what this home really needs, explain the result of neglected defects in the younger members of the family. The health habit started with the infant will help the pre-school child, while the child at school is a reflection of its home training.

The community also has an interest in the most intimate details of how each family lives. Bad social conditions and the lowering of the standard of living, which invariably comes when the wages earned are not sufficient to meet the minimum health requirements, are problems which have to be met, that is if the children are to be saved and the people as a whole given a fair chance to live and be well. It would seem, therefore, that the first step to be taken is the arousing of *public opinion*. Each community must appreciate its own condition and must want to make a definite improvement. My own experience has been that the backwardness of many towns in this regard has been due solely to *lack of information*.

In many places it has been found that some active organization was the best one to take the initiative. In other instances public health officials have been doing this work without the proper community backing. In my opinion the public health officials should be required to carry out the necessary programme of child-welfare, assisted by the local medical practitioner, but it must be remembered they cannot do this unless they have the funds and the interest of the citizens.

"Our attitude as public health nurses calls for enthusiastic optimism, and the knowledge of what our work is doing for the coming generation should be the backbone of all our efforts."

Illustrative of the public health nurses' work, which is a pioneer work, can be likened to the old-fashioned circuit rider who went from place to place preaching his religion without seeking any outstanding results, but after years of his untiring efforts we are now seeing the wonderful result of his labors.

We may never attain our ideal, but if we set it high we will go a lot farther than if we wasted time trying to sew a patch on what we did the year before. As our experience enlarges we have a wider vision of the future of child-welfare. We must keep a keen conscience and an accurate sense of right and wrong. We need large spaces of indifference, we need to loiter and laugh, we cannot appreciate the lofty mountains of our future unless we travel along the great plains of Unimportance.

MRS. BAGSHAW,
Provincial Board of Health.

NEWS ITEMS

MANITOBA

Among the items of great interest to public health nurses in Manitoba was the recent visit of Mr. C. C. Carsten, executive director of Child Welfare work of America, to Winnipeg. He spent two days in the city, and addressed meetings under the auspices of Social Workers' Club, Central Council of Social Agencies, and the Women's Canadian Club. Prevention rather than cure in Child Welfare work was strongly stressed by Mr. Carsten, giving the benefit of his many years' experience to the audiences. He was strongly in favor of getting the child away from institutions into the home, and of "School Visitors" for forming closer relationships between teacher and home.

"No city has any right to be caring for dependent and delinquent children year in and year out without doing something to prevent such cases," was Mr. Carsten's assertion.

Team work in the care of children was also regarded an absolute necessity, as the government alone could not put through a proper programme. To the Canadian Club the following message was given: "The province of Child Welfare work is not only the placing of children for adoption, useful as that may be, but the care of those who need all the regenerative forces of a community to take them at that period when they may take either of two courses, upward or downward."

BRITISH COLUMBIA

Miss Marie Thompson, R.N., director of the Social Service Department, Vancouver General Hospital, has been granted a year's leave of absence, during which time she intends to take a course in special social service work in New York. Miss J. Johnston, R.N., (U.B.C., 1922), will take charge during her absence, assisted by Miss Timms (U.B.C. 1923).

Mrs. A. M. Stabler, director of nursing, Canadian Red Cross, provincial branch, has resigned her position and will leave shortly to take the summer course in health nursing at Berkeley.

Miss D. G. McGregor, formerly of the S.C.R. staff, Vancouver, has taken charge of the V.O.N. branch at Burnaby, B. C.

VICTORIA

Miss Elizabeth Smellie, superintendent of the V.O.N., at her first official visit to the local branch of the order, addressed the board and nurses, who much enjoyed her talk. A very instructive playlet, "The Health Seeker," written by Miss M. Ethel Morrison, R.N., school nurse at Esquimalt, was acted by the pupils, under her direction. Special mention should be made of the stage settings, which added much to the production.

Owing to ill-health, Miss Ethel Thornley, R.N., who has been on the staff of the V.O.N., is obliged to take an extended holiday.

DAILY OUT-DOOR EXERCISE IS ESSENTIAL FOR HEALTH

Some form of brisk out-door exercise every day is necessary for the best health. Get in a brisk walk at noon. Rest ten to fifteen minutes after you have had your lunch, for the blood is needed in your stomach immediately after a meal to start digestion, and then take a brisk walk before returning to the office. Don't stroll, walk briskly in order to make you heart work faster and blood circulate more freely. Then, when you have the office in the evening, take another and longer walk. Of course you will have to regulate the length of the walks by your present strength, but you will be able to increase them as your muscles gain in power. During the winter months I find it advisable to supplement my daily walks by some gymnastic work one or two evenings a week. Swimming is good exercise and very invigorating. It brings many muscles into use and helps to increase the circulation. During spring and summer, when the light lasts so much longer, I enjoy tennis or longer hikes.

—JOSEPHINE A. MARSHALL, in The Health Builder.

Canadian Army Medical Nursing Service Department

Victoria Overseas Nurses Gather at Luncheon

Those who conceived the idea of an overseas nurses' reunion luncheon here yesterday, to celebrate Florence Nightingale's birthday, were very happily inspired.

The affair took place at the Hudson's Bay Company's dining room, and, including the two or three non-nursing guests, twenty-six in all gathered around the table, which was so effectively decorated with red and white flowers. Mrs. Fleming, who for so many years has directed the destinies of the Victoria and Island branch of the Red Cross Society, was the guest of honor, and was also one of the principal speakers, her pleasure in and approval of the event being eloquently expressed. She recalled in brief outline the work of the Red Cross Society during the war, and the close contact with nurses which their activities had given. Miss E. M. Morrison, president of the Graduate Nurses' Association (and who, with Miss Mrs. E. A. Dixon, Miss Gregory Allen and Miss Craighead, was responsible for organizing the luncheon), thought that the gathering should be an annual event, celebrating in fitting manner May 12, the anniversary of Florence Nightingale's birthday. Through the Graduate Nurses' Association here, it should be possible to keep in touch with the overseas nurses and hold a register of their names. Such a gathering would afford an opportunity for many happy meetings, and several of those present, she understood, had not met once since their return from overseas.

Of the following who were present at the luncheon, only three (Miss Morrison, Miss Macdougall and Miss Craighead) went from Victoria with No. 5 Hospital, the only hospital unit which left this city during the war. The hospital from which the nurse graduated is mentioned after her name:

Mrs. Aylmer, Royal Southern Hospital, Liverpool, England; Mrs. Ball, Royal Victoria Hospital, Montreal; Mrs. M. J. Brown, Melbourne Hospital, Australia; Mrs. Dixon, Medicine Hat General Hospital; Mrs. Macaulay, Women's Hospital, Montreal; Mrs. R. B. Robertson, Royal Victoria Hospital, Montreal; Mrs. Reid, Royal Southern Hospital, Liverpool; Mrs. H. A. Watt, St. Luke's General Hospital, Ottawa; Miss Lona Bell, Winnipeg General Hospital; Miss C. Bradshaw, Jubilee Hospital;

Miss A. J. Brooks, Toronto General Hospital; Miss M. B. Craighead, St. Joseph's Hospital, Victoria; Miss E. Gray, Winnipeg General; Miss L. Gregory Allen, New York Hospital; Miss J. E. McLaughlin, Vancouver General; Miss E. M. MacDougall, Medicine Hat General; Miss B. McCuaig, Moose Jaw General; Miss J. McCormick, Victorian Order of Nurses; Miss Hazel Macdonald, St. Joseph's; Miss M. E. Morrison, Vancouver General; Miss E. G. Saunders, St. Joseph's; Miss A. Williams, California Women's Hospital. Miss Ball, of Winnipeg, and Miss Moseley were visitors.

Early in the proceedings the gathering paid a silent tribute to the memory of Florence Nightingale. The souvenir menu cards were very effective, being white on a red ground, symbolizing the colors of the profession.

Industrial Hygiene

The Dean of the School of Social Service of Fordham University has agreed to open an extension institute in Industrial Hygiene for nurses, similar to that offered by other schools. The School of Social Service requires that such a course shall be for thirty periods of fifty minutes each, which means that the course will extend over fifteen weeks. It will be given at the Social service School of Fordham University on the 28th floor of the Woolworth Building, beginning September 30th at 8:15 p.m. and every Tuesday evening thereafter.

There will be a fee of ten dollars. Application for the course should be made to the Registrar, Fordham University School of Social Service, Room 2866, Woolworth Building, New York, N. Y.

An outline of the course will be published in the next issue of the Canadian Nurse Magazine. All registered nurses are eligible. In making application, a nurse should state her educational qualifications, high school, college (if any), hospital (R. N.), post graduate work (if any), etc.

FOR MORE THAN THIRTY YEARS

the one thoroughly reliable and dependable preparation of organic iron and manganese has been Gude's Pepto-Mangan. In all civilized countries it has been extensively prescribed by all classes of physicians, to combat and overcome Anaemia and Chlorosis, in all kinds of conditions, such as Amenorrhea, Bright's Disease, Rickets, Tuberculosis, etc., and in Convalescence from all debilitating diseases. For those who travel from place to place, this valuable and well-known hematinic is now available in tablet form, each two tablets being equivalent in medicinal activity to one tablespoonful Gude's Pepto-Mangan liquid. Samples and literature are obtainable from the manufacturers, M. J. Beitenbach Co., New York.

Pupil Nurses' Department

A Nutrition Clinic at the Montreal General Hospital

Nutrition and malnutrition are words well known to the general public. The wise advertiser of our commercial food product knows that by the judicious use of those words, either in the large type of the popular periodical or in the conservative small type of the literary journals, he will attract the readers' attention. At the present day it is doubtful whether one could find a person, in town or country, who has no knowledge of those words and their meanings.

The chief reason for the rather sudden popularity of the terms is due to the great development of "Nutrition Clinics" throughout the world. Work in nutrition has been carried on for many years, but possibly one may date its greater development by the years of the War of 1914-1918. Food conservation was written with capitals. People who had never considered food values before were suddenly intensely interested. So by a natural sequence came the question of underfed children and the development of Nutritious Clinics either as separate clinics under local Boards of Health or other organizations or as part of the great "Outpatient Departments" of the hospitals.

Each nutrition clinic has its own peculiar features, but the aims of all are similar. Gone are the days when those whose children were "weakly" were advised by well meaning and very kind hearted women of wealth and leisure to "feed the little dears better" and were given lists of nourishing foods which in most cases were quite beyond the limit of the family purse. Now women trained in food work carry on the task of helping to raise up delicate children tc the average standard of health.

At the Montreal General Hospital a nutrition clinic for children is held every Saturday morning at ten o'clock. Miss Perry, the supervising dietitian of the hospital, conducts the clinic. The children begin to arrive about nine forty-five, so anxious are they to find out whether they have gained or lost in weight during the past week. Each child has his or her own chart, which is posted on the wall in the clinic room. The chart bears the name, the age, the height and the weight of the child when joining the clinic, also the normal average height and weight for the age. Across the chart runs a straight black line, showing what the weight should be for a child of the height and age of the one in question, and how it should increase as each week goes by. Each chart covers a period of twenty weeks. Below is a red line, usually a zigzag, which shows how the actual weight of the child varies each week. The general tendency of the red

line is upward, though one finds discouraging descents. Colored stars across the top of each chart show whether there was a gain, whether the child was accompanied to the clinic by the mother, and whether the rules of sleeping and eating were observed. Each child is weighed in turn, and to eliminate variation due to the difference in clothing, muslin gowns are supplied. The child strips and, wrapped in the little muslin gown, steps on to the scales. A quarter of a pound gain or loss is important here. A child may appear to be quite plump; round faces are so deceiving. When the heavy sweaters and various other layers of clothing have been removed one finds a thin little body with the protruding shoulder blades and the typical posture of the malnourished child, and the weight is far below the standard.

The charting is done at once and the stars are affixed. Keen interest is displayed by every child in each chart, and the little faces are bright or clouded according to the slant of the fresh lines. If a child has lost weight the reason must be found. Sometimes illness is the cause, sometimes there has been too much play and too little rest, and sometimes one knows that there has been too little food in the house to feed the hungry little mouths. If there is illness the child is referred to the doctor who comes in, and arrangements are made for whatever treatment is needed. If poverty, the social service department is advised and assistance is given wherever possible.

In addition to the individual charts there is a Class Roll for the week, and another for the month. These are filled in and posted and the children examine them. The children and their parents are then seated and milk and biscuits are served. While these are being devoured, Miss Perry gives the weekly talk. Parents are encouraged to come with their children, and are given plain, practical advice as to the feeding of the family, what to buy and why and where; how to prepare and cook certain foods in certain seasons. Their questions are answered in an understanding way by the woman whose heart is in her work and who gives unstintingly of her knowledge to help along the work of bringing up the children to the standard of health which, without help and counsel, many would never reach.

Enthusiasm is the dominant note throughout the clinic. It is called the "happy clinic." The children are keenly, anxiously, striving to come up to standard, and look forward to the day when the certificates will be in the possession of all. Rain or shine each Saturday morning finds the children at the clinic, and each day they learn the rules of health, either from direct counsel or by games. To cite examples showing the progress made by the children under Miss Perry's guidance would be to take up far too much space, and would be lacking in interest without the bonny faces of the certificated babies. One can only say, "Come and see."

STUDENT DIETITIAN.

Hospitals and Nurses

QUEBEC

Women's Hospital, Montreal

Miss Lucy Robinson (1922) has accepted a position on the staff of the Shawinigan Falls General Hospital, Shawinigan, Que.

Miss T. E. Sleeth (1924) is on the staff of the Alexandra Hospital, Montreal.

The Alumnae Association held a sale of work in aid of the fund for sick nurses, in April.

Royal Victoria Hospital, Montreal

Miss Olive Fitzgibbon (1913) and Miss Kathleen Sanderson (1921) have successfully completed the course at the School for Graduate Nurses, McGill University, and received diplomas in public health nursing.

Miss N. Goodhue has left on an extended trip to Seattle, Vancouver and other western cities.

Miss Ina Valpy (1924) has been appointed charge nurse at the Soldiers' Memorial Hospital, Campbellton, N. B.

Miss Fannie Munroe (1914) is assistant superintendent at the Royal Alexandra Hospital, Edmonton, Alberta.

Misses Blanche Anderson (1915) and Mary Pickford (1922) are taking the summer course at Teachers' College, Columbia University.

Miss Frances Logan (1922) is now in charge of the Metabolism clinic at the Royal Victoria Hospital.

Montreal General Hospital

Miss Granger Campbell has recently been taken on the staff of the pathological department of the Montreal General Hospital.

Miss Jane Home, who has been for some time on the pathological staff, has transferred her duties to the dental department at the Montreal General Hospital, relieving Miss Lillian Adair, who has recently been married.

Miss Alconbreck (Class 1920), who has not been practising her profession in the meantime, has just finished a two months' refresher course at the M.G.H. before entering into private duty nursing.

Mrs. Don is assistant superintendent of Rainbow Sanatorium, at Rainbow Lake, N. Y.

Miss Welling (Class 1923) has received a position which will detain her in England, France and Italy for two years.

Recent graduates from McGill School of Nurses, in Hospital Administration: Misses Frances Upton, Beatrice O'Dell, B.A., Mabel Holt. Miss O'Dell also included instructors' course.

* * * *

ONTARIO

Toronto Western Hospital

The Toronto Western Hospital Alumnae Association gave a dinner in honor of the Graduating Class of 1924 at Hunt's (Uptown) on Friday Evening, May 30th, 1924. There was a reception following the dinner. A very pleasant evening was spent by all.

The anouncement is made with regret that Miss Flora Keith (1921) has been seriously ill at the Western Hospital for some time.

Miss Agnew (1921), supervisor of the obstetrical department for the past year, is taking a post-graduate course at the Lying-In Hospital, Chicago.

Miss Cooper, president of the Alumnae Association, had the misfortune to break her arm, and has been laid up for the past three months. Miss Laura MacDougal is substituting for her at the Massey-Harris Co.

Miss Leta Ward, who has been nursing in Miami, Fla., has taken a patient to Europe.

Hospital for Sick Children, Toronto

Miss Ethel Darby (1915) has resigned as head of the infant ward, Children's Memorial Hospital, Chicago, and has gone to British Columbia for a holiday.

Miss Helen Harrington (1913) has been obliged to give up her position with the public health department, Toronto, owing to ill-health, and has gone to her home for some months.

Miss Brewer, who, for many years, held the position of head of the Out-Patients' department in the Hospital for Sick Children, is now supervisor of the Home for Children (boarding) in connection with the Infants' Home, St. Mary's, Toronto.

Miss Avery (1921) is supervisor at Lakeside, Toronto Island, this summer.

Misses Johnston, Darling, Alice Barnes and Mrs. Canniff (Alberta Clarke, 1906), are among those fortunate to be able to go abroad this year.

Kingston

The nineteenth commencement exercises of the K.G.H. training school were held May 16, with fourteen graduates. After the formal exercises the nurses entertained their friends to a dance in Grant Hall.

The Alumnae Association entertained the Class of 1924 to a dinner in one of the local cafes on May 29, after which their friends held a very jolly dance.

The last meeting till autumn of the Alumnae Association was held May 13. The delegate from the provincial meeting held recently at Windsor read a very interesting report.

London

In honor of the graduating class of Victoria Hospital Training School for Nurses, the members of the Nurses' Alumnae entertained at a very enjoyable supper-dance at the Tecumseh, on Friday evening. Miss Malloch, president of the association, received the guests, assisted by the committee in charge, Mrs. James Stapleton, Miss D. Gillies, Miss Levice Guest, Miss J. Gray, Miss Della Foster.

Surrounded with masses of beautiful flowers, gifts from friends and relatives, thirty-one fair graduates of the Victoria Hospital Training School for Nurses were presented with diplomas and badges at the graduation exercises in Wesley Hall, First Methodist Church, on Wednesday afternoon. Full of interest and enthusiasm was the beautifully impressive ceremony, and every available space was filled to capacity for the all-important event. The programme was an important one, opening with a "Processional" (selected), played by Mr. Kingsley Ireland, organist. Prayer was then offered by Rev. D. C. MacGregor, D.D., Mrs. Menzies, contralto, sang "Soft-Footed Snow,' by Lie, in charming voice. Then the presentation of diplomas and badges by James Gray, Esq., chairman of Hospital Trust. Dr. E. D. Busby delivered a most inspiring address to the 1924 graduating class. At the conclusion of the exercises an organ recessional was played by Mr. Kingsley Ireland, and many friends gathered around the happy graduates to offer their congratulations, as the large assemblage of guests filed out of the hall. With their arms filled with beautiful gift bouquets, the nurses were afterwards taken for a motor drive through the city and back to the Nurses' Home, where afternoon tea was served. In the evening the Victoria Hospital School of Nursing (Class 1924) held their graduation dance in the gymnasium of the Medical School, which proved to be one of the most successful and enjoyable social events in the history of Victoria Hospital. Following is the graduating class: Misses Effie Marshall Wilson, Laura Beatrice Arusdale, Hattie Dell McQueen, Helen Kathleen Laur, Alice Sara Crookes, Janet Kerr, Edith Verna Beattie, Iva Jane Kingsley, Mildred Irene Walker, Harriet Rose Huston, Helen Graham Horton, Zelda Margaret McMaster, Charlotte Denny, Gladys Edna Janes, Lorna Alberta Fire, Marion Douglas, Kathleen Rymer Brown, Vera Estella Holtzman, Kathleen Ladysmith-Hyatt, Mildred Blanche Taylor, Ruth Amelia Keillor, Lucy Margaret Cade, Myrtle Young, Olive Marie Johnston, Florence Edyth Dyer, Elsie Kathleen Brown, Mary Elpsy Yule, Jane Brooks, Lillian Bertha Gardiner, Irene Elizabeth Urquhart, Harriet Evelyn Babb.

Miss Anne Forrest was the hostess of last night's monthly meeting of the Edith Cavell Nurses' Association, entertaining the members at the nurses' residence, Byron Sanatorium. A lecture and demonstration on pneumo-thorax was given by Dr. G. Jeffrey, and a social hour followed.

An address from Miss Margaret McDermid, of the Institute of Public Health, on the public nursing course, proved of interest to the members of the Victoria Hospital Alumnae meeting last night. A feature of the evening was the report of the annual meeting of the Graduate Nurses' Association of Ontario, held recently in Windsor. Mrs. James Stapleton, who represented the alumnae, brought a most entertaining and complete account of the convention.

Announcement of the University of Western Ontario for 1924-25, published to-day, gives details of the new course for university trained nurses, covering five years necessary for a bachelor of science degree in nursing; and also announces that the university has secured permission to confer degrees in agriculture in addition to other honorary and scholastic degrees which it may grant or confer on authority of its charter.

Hon. Dr. Forbes Godfrey was the guest of honor of the hospitals of London to-day in the celebration of Hospital day. The minister of health spent a busy day in the city visiting the Institute of Public Health, and subsequently each of the seven hospitals, Victoria, St. Joseph's, Bethesda, Westminster, Ontario, Children's War Memorial and the Queen Alexandra Sanitarium for the Tuberculosus. This afternoon a special programme was carried out at the War Memorial Hospital, where the band of the Royal Canadian Regiment furnished a musical programme.

The London nurses' registry board, meeting last evening, were guests of the registrar, Miss Jessie Mortimer, at her home in Dufferin avenue.

Many graduate nurses attended a general session of the Academy of Medicine at the Medical School Auditorium,, and listened with deep interest to the lectures by Dr. B. Karnavel, Professor of Surgery, Northwestern University, Chicago, on "Major Neuralgia of the Face," and Dr. Primrose, Professor of Surgery, University of Toronto, on "Tumors of the Breast."

* * * *

BRITISH COLUMBIA

Results of Provincial Examinations for Registered Nurses' Certificates

Examinations were held in training schools of British Columbia, April 30, and two following days, when the following nurses were successful in obtaining their registration certificates, and have now the right to use the letters "R. N." Miss Annie Clothier, Royal Jubilee Hospital, took the highest marks in the province; Misses K. Stirk and M. McMahon, of St. Paul's Hospital, Vancouver, taking second and third place.

Misses Annie Clothier, Kathleen Stirk, M. McMahon, Mary Lewis, Nettie Thue, Marjorie Carroll, Agnes Plean, Mrs. Amy Courser, Misses Caroline Young, Emmeline Duckett, Winnie Dennis, Alice Rendell, M. Lee Johnston, Enid Coulter, Nance Hamilton, Constance Cowdell, Phyllis Carter, Violet Rolph Lucy Bulmer, Phyllis Burrows, L. Robertson, Helen Crooks, Agnes Kingham, Elizabeth Carlin, Mildred Neilson, Muriel Holden, Isabel Macdonald, Amy Brook, Evelyn Faulkner, Fay Dobson, Dorothy Blyth, E. Weller, Audrey Johnson, Constance Cook, Martha Howe, Minnie Leighton, Elizabeth Carney, Beth Dalgleish, Mabel Pearson, Bessie Graham, Phyllis Howard, Kathleen Elliott, Inex Dunlop, Gertrude Paterson, Annie Fraser, Chrissie Orr, Florence Eyton, Doris Nichols, Margaret Johnston, Dorothy Riddell, Elizabeth Loyns, Frances Maguire, Florence Bourne, Marjorie Randle, Georgina Choquette, L. M. Venables, Jean Kenney, Florence Dunnett, Selina Rumsby.

The following passed, having written supplementary papers: Misses Esther Naden, Edna Newberry, Kathleen Conn, Madeline Moore, Beatrice Cook, Olive Le Marquand.

Vancouver General Hospital

Eighty nurses formed the 1924 class graduation at the Vancouver General Hospital May 30th, when their certificates were presented by Mr. R. R. Burns, chairman of the board, and the hospital pins, by Miss Kathleen Ellis, R.N., superintendent of nurses, while Dr. F. C. Bell presented the prizes and scholarships. The address was given by Dr. R. E. McKechnie, Chancellor of the University of British Columbia. Miss Gwen Inman was the winner of the R. E. McKechnie medal for general proficiency; Miss M. M. Buck, the Glenn Campbell prize for nursing diseases of the eyes; M. E. Lewis, Seldon medal for

highest standing in surgical nursing; the Carder prize for pedriatic nursing, to Miss S. E. Dalgleish; scholarship for highest standing in gynecological and obstetrical nursing, donated by a physician in memory of his parents, Miss Enid Coulter; Cottrell prize for dietetics to Miss Lucy Bulmer; the general superintendent's prize for devotion to duty, awarded by vote of the class, to Miss K. McDermott; prize for highest marks in examination in first aid and minor surgery nursing, donated by Johnston & Johnston, Montreal, to Miss Helen Munro. The valedictory was delivered by Miss May Neilson. Following the formal exercises, an informal reception was held on the grounds of the hospital.

Miss Gwen Inman, R.N. (1924), has accepted a position in the Children's Hospital, Winnipeg.

New Westminster

Miss L. Bawtinheimer (Royal Columbian Hospital, 1923), has resigned her position at Mission Hospital to accept one on the staff of the hospital at Prince George, B. C.

Miss E. Walton (Edmonton) has accepted a position on the staff of the Royal Inland Hospital, Kamloops, as has also Miss K. Halliday, who has until recently been on the staff at Mission. She is a graduate of the Royal Columbian Hospital.

Miss P. Brown (R. C. H.) is now on the Mission Hospital staff.

Miss DeWolfe Smith (Vancouver General Hospital), has accepted a position on the staff of the Chilliwack Hospital.

Miss Jean McRae (R. C. H.) left in April for Belfast, Ireland, to marry Mr. Hoffard Brown.

Miss K. Currie (R. C. H.) left recently for Glasgow, where her marriage to Mr. McEwen is to take place, and where she will afterwards reside.

Victoria

The graduation of the 1924 class of St. Joseph's Hospital took place April 24 at St. Ann's Academy, Victoria. The following nurses formed the class: Miss Irene Smart, Miss Margaret Redford, Miss Mollie Flower, Miss Gladys Fairclough, Miss Elizabeth G. Reid, Miss Gertrude Balatti, Miss Eileen Haslam, Miss Mae E. Quinn, Miss Constance Cowdell, Miss Ursula Whitehead, Miss L. Mabel Hartley, Miss Thelma E. Burgess, Miss Phyllis H. Wightman, Miss Bertha E. Brown, Miss Constance B. McGill, Miss Florence Rumming, Miss Minota McGibbon, Miss Aline L. Lawrence, Miss Mary B. Faulkner, Miss Doris A. Lambert, Miss Winifred M. Nicholson, Miss Cecilia M. Roy, Miss Lilyan F. Charlebois.

At the May meeting of the V.G.N.A. Miss Smellie, superintendent of the V.O.N., spoke to the members. A most enjoyable lecture on "Gastro-intestinal X-ray Examinations" was given by Dr. J. W. Warren, radiologist, at the Jubilee Hospital. A most successful home cooking was held recently to augment the funds of the association.

Nanaimo

The graduation exercises of the Nanaimo General Hospital were held June 10 in the Foresters' Hall. The class consisted of Misses Cora Burkitt, Vera M. Reid, Ada S. Rumsby, Marjorie Randle, Helen Bradshaw and Minnie Dennis. A reception and dancing following the formal exercises. Mrs. William Sloane presented the diplomas, and Miss Pauline Rose, superintendent of nurses, donated a medal for general efficiency, which was won by Miss Minnie Dennis, while the medal donated by Miss Budge, for dietetics, was won by Miss Cora Burkitt. The address was given by Dr. Drysdale.

Prince Rupert

The 1924 Class had their graduating exercises June 18, 1924. A reception was held after the commencement exercises were concluded.

BIRTHS

Bradbury—At the Victoria Hospital, Prince Albert, Sask., May 31, 1924, to Mr. and Mrs. Kerwood Bradbury (Netta McCall, Winnipeg General Hospital, 1919), a daughter. (Baby lived only two days).

Burgess—At the General Hospital, Kingston, Ont., on March 5, 1924, to Mr. and Mrs. Robert Burgess (Miss Pearl Martin, Kingston General Hospital, 1914), a daughter.

Dawson—On March 6, 1924, at Maple Creek General Hospital, Maple Creek, Sask., to Dr. and Mrs. Dawson (Nora Smith, Grace Hospital, Toronto, 1908), a daughter.

Grossart—At Saskatoon, Sask., March 22, 1924, to Mr. and Mrs. Grossart (I. Thompson, Saskatoon City Hospital, 1922), a son. (Stillborn).

Hamilton—At Dalhousie Junction, May 30, to Mr. and Mrs. A. M. Hamilton (Nursing Sister Mary Shaw, Winnipeg General Hospital, 1915), a son, James Colin Osborne.

Soet—At Brown Memorial Hospital, Commeant, Ohio, to Mr. and Mrs. L. C. Soet (Louise Lanktree, Montreal General Hospital), a daughter, May 23, 1924.

Stackhouse—On April 21, 1924, to Dr. and Mrs. R. S. Stackhouse (Miss Joice, Toronto Western Hospital, 1914), of Ridgeway, Ont., a daughter.

Wathen—On May 10, 1924, at the Medical Arts Hospital, to Dr. and Mrs. J. McK. Wathen (Marjorie Ross, 1922, Montreal General Hospital), 656 Grovenor Avenue, Westmount, a daughter. (Stillborn).

Wood—On May 6, 1924, to Dr. and Mrs. J. H. Wood (Miss Shortreed, Toronto Western Hospital), of Toronto, a son.

MARRIAGES

Darling-Turner—At Saskatoon, Sask., Feb. 15, 1924, Margaret A. Turner (St. Paul's Hospital, Saskatoon 1919), to Mr. James A. Darling, of Colonsay, Sask.

Granger-Martin—On June 18, 1924, at St. Paul's Church, Vancouver, Freda Martin (Vancouver General Hospital), to Mr. John Granger.

Hood-Richardson—On July 28, 1923, at the Pro-Cathedral, Calgary, Alta., Zella Richardson, R.N.P.H.N., to Francis Hood, of Kent, England. Present address, "Fox Lake," Bonnyville, Alberta.

Miller-Annan—At the Central Presbyterian Church, Detroit, Mich., April 9, Beatrice Annan (Toronto Western Hospital, 1922), to James A Miller.

Minchin-Honeyman—On April 22, 1924, at Knox Church, Kerrisdale, Vancouver, B. C., Helen Louise Honeyman (Vancouver General Hospital, 1918), to Frank Holdsworth Minshin, of Vancouver.

Mouncey-Brewster—On April 23, 1924, at St. Alban's Cathedral, Prince Albert, Sask., Alice Emma Brewster (Victoria Hospital, Prince Albert), to Mr. Sylvester R. Mouncey, of Melfort, Sask.

Neville-Blough—At Winnipeg, Man., May 14, 1924, Nettie E. Blough (Winnipeg General Hospital, 1920), to Mr. Allan E. Neville, of Kerrobert, Sask.

Stewart-Adair—The marriage of Miss Lillian Maud Adair, daughter of Mrs. John Adair, to Dr. Charles C. Stewart, son of Mr. Duncan Stewart, of Perth, Scotland, took place on Saturday afternoon, May 31st, at the residence of Mr. and Mrs. Robt. Adair, 18 MacTavish St., Montreal, uncle and aunt of the bride. Miss Alison Macdonnell, daughter of Sir Archibald and Lady MacDonnell, of Kingston, Ont., was maid of honor, and Dr. Norman Williamson acted as best man. Rev. Dr. Dickie, of Knox Crescent Church, officiated. Miss Adair was a graduate of the Montreal General Hospital.

Stroyan-Bickley—At St. Nicholas Church, Vancouver, B. C., April 14, 1924, Beatrice Agnes Bickley, R.N. (Crumpsall Infirmary, Manchester, Eng.), to Mr. Leon Stroyan.

White-MacTier—On Tuesday, April 29, 1924, at St. George's Church, Montreal, by the Venerable Archdeacon Paterson-Smith, Adeline Waddell, daughter of Mr. and Mrs. A. D. MacTier, to Donald Alexander White, C.M.G., and Mrs. White of Ottawa. Miss MacTier was a graduate of the Montreal General Hospital (class 1923).

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The above Association offers two Scholarships of $400.00 each, one for the course given by the School for Graduate Nurses of McGill University, the other for a Post-Graduate Course for Nurses to be given at the University of Montreal (French) Sessions 1924-1925.

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Regular Meeting—First Tuesday in each month at 8 p.m.

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Board of Directors—Miss Armour and Miss Morris.

Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting. First Friday of each month at 8.30 p. m.

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Representative to Private Duty Section A.R.N.P.Q.—Miss Fraser, 638a Dorchester Street, West, Montreal.

Representatives to Local Council of Women—Miss Colley, Miss A. MacTier.

Sick Visiting Committee—Convenor, Miss McMartin, 176 Grand Boulevard, Montreal, Miss Brock, Miss Batson, Miss Middleton.

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Sick Visiting Committee—Mrs. Kirke, Miss Corlette.

Representative to "Canadian Nurse" Magazine—Miss E. L. Francis, Women's Hospital, Montreal.

Regular Meeting—Third Wednesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

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Convenor of Programme and General Nursing Committee—Miss B. A. Birch.

Convenor of Membership Committee—Miss Gerard.

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Style No. 8800

Style No. 8800

Our new one-piece gown, with yoke back and front and pleated from yoke to the hip line, with the fulness falling into the skirt, giving the most pleasing effect, with its "comfy" roll collar, loose belt, convenient pockets and two-button cuffs, finished with best quality pearl buttons.

Fine Middy Twill - $3.50 each
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Price does not include Cap.

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Sent prepaid anywhere in

Classes graduating, Nurses leaving for vacations, accompanying patients to resorts on the shore or in the highlands, need a generous supply of fresh, new uniforms and will find these garments, with their accurate cut and fit, fine quality of fabric and workmanship, and unusual durability, most satisfactory.

We are the largest manufacturers of Nurses' uniforms and Hospital clothing and linens in Canada, and solicit enquiries for Hospital supplies.

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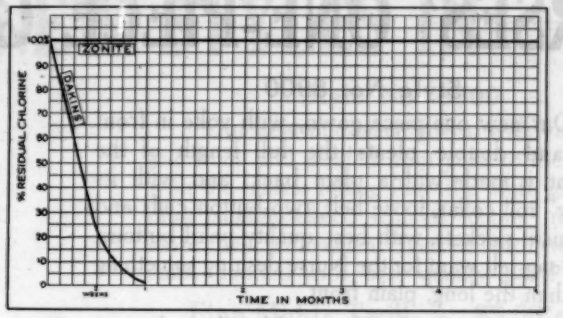

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Now available for the trained nurse in a stable, concentrated form which permits its use in general nursing practice.

THE disadvantages of the Carrel-Dakin Solution in the past are thoroughly familiar to every trained nurse. It has been difficult to prepare and practically impossible to maintain uniformity of quality. Also, it was highly unstable and lacked persistency in the presence of organic matter.

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"Canadian Nurse" Representative—Miss I. Garrick, 360 Claremont Avenue, Westmount

Meetings—First Thursday of each month, 8 p.m.

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Regular Meeting—Third Wednesday of each month.

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Representative to "Canadian Nurse"—Miss Eva Archer, Assistant Superintendent Nicholls' Hospital, Peterboro.

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(Incorporated 1918) Officers, 1924-1925

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The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

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A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

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Mental and Nervous Diseases

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Representative to "Canadian Nurse" Magazine—Miss Bayley.

Representatives to Local Council of Women—Mrs. Devitt, Mrs. Hidges, Mrs. Viau and Miss G. Evans.

Board of Directors composed of one member of each class numbering 22.

Regular Meetings—First Friday in each month, 8 p.m.

Regular Meetings, First Friday of each month at 8 p.m.

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IN Entero-colitis, where there is pronounced muscular rigidity and pain, an application of Antiphlogistine applied hot and thick over the entire abdominal wall, not only relieves the pain, but proves a valuable adjuvant to internal medication.

The sustained heat of Antiphlogistine produces a depletion of the enteric and peritoneal vessels and stimulates the solar and hypogastric plexuses.

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Antiphlogistine
TRADE MARK

"Promotes Osmosis"

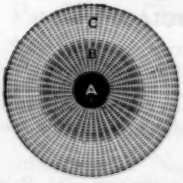

Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.

Antiphlogistine poultice after application. Center moist. Periphery virtually dry.

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Regular Meeting—First Monday of each month.

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POST-GRADUATE COURSE—FOUR MONTHS

Theoretical instruction ..... 50 hours

Practical demonstrations ..... 50 hours

Supervised practice and individual instruction during the

TIME ASSIGNED TO VARIOUS DEPARTMENTS

Mothers ..... 3 weeks

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Surgery and Delivery Rooms ..... 3 weeks

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Out-Patient Department ..... 6 weeks
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Full credit is given by public health organizations for the time spent in this Out-Patient Department.

Maintenance and an hororarium of $100.

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Prepared for students of schools with limited or no obstretical service, who are able to meet the entrance requirements of the University School of Nursing.

Mothers ..... 3 weeks

Nurseries ..... 4 weeks

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Theoretical instruction ..... 45 hours

Practical demonstrations ..... 40 hours

Apply Superintendent, Maternity Hospital,
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Representatives to Council of Central Registry—Miss Mary Devins, 42 Dorval Road, and Mrs. E. K. Milne, 51 Huntley Street.

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"Canadian Nurse" Representative—Miss Margaret Johnston, T.W.H.

Councillors—Mrs. Annie Yorke, Mrs. Geo. Valentine, Misses Cooney, Hill, Beckett and Henderson.

Meetings—First Friday in each month at 8 p.m., in Assembly Room of Hospital.

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Programme Committee—Miss Johnston, 12 Selby St., Toronto.

Representative to "Canadian Nurse"—Secretary.

Representatives to Central Registry—Misses Marsden and Hewlett.

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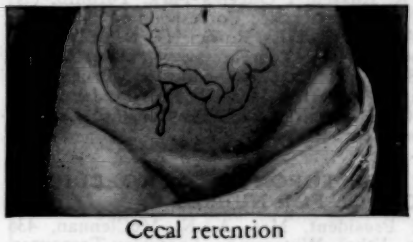
Colitis



Cecal retention

Impacted feces in sigmoid and rectum

LUBRICATION THERAPEUSIS

In Colitis, Cecal Retention and Coloptosis

COLITIS or inflammation of the colon, requires proper intestinal drainage to overcome the condition. Cathartic remedies are harmful in these cases, since they keep up and even increase the intestinal inflammation. Nujol given in cases of colitis softens the feces, lubricates the bowel wall which is often constricted, and permits a non-irritating passage.

CECAL RETENTION is the retaining of a heavy mass of feces in the cecum or first part of the colon. In this condition Nujol tends to facilitate the passage of the cecal contents into the ascending colon, thereby preventing the return of this material into the small intestine (a frequent occurrence) with its consequent absorption of poisons by the body.

FECAL WEIGHT in the transverse colon is a cause of the bearing down of the bowel that is frequently overlooked. The transverse colon may contain from five to ten pounds of fecal material. The greater the weight the greater the kinking at those places where the colon bends and the more difficult to empty the transverse colon. Nujol softens and lubricates this material, thus aiding its movement and relieving the stagnation.

Nujol, the ideal lubricant, is the *therapeutic common denominator* of all types of constipation. Microscopic examination shows that a lubricant that is too heavy fails to permeate the feces, and one that is too light tends to produce seepage. Exhaustive clinical tests show the viscosity of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

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Incorporated 1908.

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Regular Monthly Meeting—First Tuesday, 8 p.m.

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Programme Committee—Misses A. Moyer, M. Stevens, F. Cowley, A. Calvin, B. Kennedy, and Mrs. Leo Brett.

Regular Meeting—Last Tuesday, 2.30 p.m.

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Regular Meeting—First Thursday in each month.

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Incorporated March, 1917

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Regular Meeting—First Monday in each month.

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